

**Response to the Discussion Paper 2: Approaches for Reform
Commission for the Review of Social Assistance in Ontario**

Frances Lankin & Dr. Munir Sheikh
Commission for the Review of Social Assistance in Ontario
2 Bloor Street West
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March 13, 2012

Dear Ms. Lankin and Dr. Sheikh,

Bridges Community Health Centre serves the communities of Fort Erie, Port Colborne, and Wainfleet, Ontario in southern Niagara. We would like to thank you for the work the Commission has been doing to review Social Assistance in Ontario and to thank you for the opportunity to respond to Discussion Paper 2.

As one of 73 Community Health Centres in the province of Ontario, we regularly see the erosion of health in many of our clients due to conditions of poverty, precarious housing, food insecurity, lack of full dental care coverage, and much more. Many of these clients are either Ontario Works or Ontario Disability Support Program recipients.

In our submission to the first Options Paper last summer, we interviewed over 35 people from our communities with lived experience of social assistance. Their stories, along with our consultations with over 20 front-line staff, helped shape our concerns and recommendations. Stories like these were repeated across the province and we expected to see these resonated in the second Discussion Paper. While there are some positive ideas explored, such as extending health benefits to all people on a low income, we were disappointed to see continued stereotypes pitting social assistance recipients against the working poor and a lack of urgency to address rate inadequacy, amongst other things.

We recognize that “transforming” the current social assistance system must be done carefully and methodically; some of the changes will need to take place over time and be monitored and evaluated for effectiveness. Others, however, can be implemented fairly quickly, including an interim universal rate increase of \$100/month as a healthy food supplement. We ask that you consider both short and longer term approaches in your recommendations and that a sense of urgency is created to compel decision makers to act.

As a member of local and provincial advocacy groups we feel strongly that an emphasis needs to be made to dispel myths and stereotypes related to social assistance and poverty as these lead to a sustained cycle of prejudice, discrimination, and oppression. Provincial leadership is needed to help coordinate clear and consistent messaging and can be implemented locally and regionally through communication campaigns, community discussions, school lesson plans, etc.

Thank you and we look forward to reading the final report,

Sincerely

Rhonda Barron, Mary Anne Feagan, and Lori Kleinsmith, Bridges Community Health Centre

Our Observations from Discussion Paper 2:

- A clear and powerful vision of a transformed social assistance system is not yet well articulated and must be the first step in guiding the final report recommendations; common themes brought forward during the provincial consultation process include dignity, adequacy, fairness, equity, and health enhancing. Without clear guidance, there is much risk that some of the recommendations put forward and adopted by the government could actually erode benefits and reduce income, creating even more adverse conditions for our most vulnerable.
- It is mathematically impossible to maintain health on current rates provided by social assistance, particularly Ontario Works. \$599/month does not provide sufficient income to pay market rent rates nor to eat a balanced diet as outlined in the Nutritious Food Basket rates. The inadequacy of rates and need for increases that bring rates, at minimum, back to levels from the mid 1990's (cut by 22%, over last 8 years only increased by 13%) and that continue to match inflation, must be expressed front and centre. Wellesley Institute has provided many fine examples of the links between poverty and health and the need for a health equity approach in transforming the social assistance system.
<http://www.wellesleyinstitute.com/economics/reviewing-social-assistance-in-ontario/>
- It is the failure of the job market, not the individual receiving social assistance, as to why people have trouble permanently moving off assistance. When there are more job seekers than there are jobs, those receiving assistance, no matter what their educational background or previous work experience, face almost certain discrimination and prejudice when applying and/or interviewing for jobs.
- Social assistance recipients do want to work, as the Commissioners clearly articulated on TVO's The Agenda; they don't need an "incentive" as is repeated throughout Discussion Paper 2; many arguments can be made against the myth of work disincentive – the paper ***Working Through the Work Disincentive*** by Citizens for Public Justice uses the lens of a Guaranteed Livable Income to debunk the myths and many of the same arguments can be applied for social assistance.
- The 2nd Discussion Paper reopens the debate regarding poverty measurement. The province of Ontario has already established use of the Low Income Measure (LIM) in its Poverty Reduction Strategy, so further discussion is not warranted at this time. This measure should be used as part of the necessary development of a methodology for determining an appropriate rate structure.
- There is a need to face austerity recommendations with counter-arguments to ensure that equity and dignity prevail. All governments have fiscal choices to make. An investment model to address poverty has been touted in the National Council of Welfare's recent report ***The Dollars and Sense of Solving Poverty*** (www.ncw.gov.ca); we urge you to clearly demonstrate and advocate to the Ontario provincial government in your final report that investing more deeply in transforming social assistance, raising rates to adequate level, etc will pay off with better health outcomes, increased productivity, etc – we all pay for the outcomes of poverty.

Our Recommendations:

Short term:

- Apply the principles of health enhancing/health equity, dignity, adequacy, anti-oppression and poverty eradication into the overall vision and framework for the final recommendations; these will guide the Commission and decision makers in critically analyzing and evaluating all proposed options; ensure an evidence-based approach is used in making recommendations to ensure all potential impacts, positive and negative, are taken into consideration
- Immediate interim rate increase for all as a first step to adequacy – i.e \$100 healthy food supplement (this was endorsed by over a dozen Ontario municipality resolutions, including four in Niagara)
- Consider a housing benefit for low income earners (both social assistance recipients and working poor) – should complement, not replace, recommended \$100 healthy food supplement interim rate increase and should not permit claw backs
- Raise asset limits, particularly for Ontario Works recipients; this punitive rule potentially drives people to the deepest levels of poverty thereby influencing health damaging behaviours (i.e. poor quality housing, food insecurity) and makes permanently exiting social assistance a challenge
- Reduce claw backs made to earnings for a much longer period of time to ensure clients can have solid footing
- Develop province-wide anti-stigma communication related to poverty and social assistance – need to correct myths and language such as “people receiving assistance don’t want to work” – this has been proven to be not true but public perception remains; stigma of social assistance continues to feed into the cycle of discrimination, prejudice, and oppression; creates social exclusion and significant barriers to employment, housing, etc. We have clients who are turned down for housing when the landlord finds out they receive social assistance. This leaves very limited options for some and, in desperation, they turn to precarious, unhealthy living conditions. ***Oppression: A Social Determinant of Health***, edited by Elizabeth McGibbon, looks at the cycle of oppression and suggests ways to break it down
- Policy to comprehensively address poverty reduction for all Ontarians (not just the so-called undeserving poor) needs a bold champion. Integrated policy development is crucial to addressing complex social problems such as improving social assistance and reducing systemic health inequities. Now is the time for the Commission to capture the attention of our decision makers and politicians in its final recommendation with clear evidence and recommendations – need to convey this in contrast to the Drummond Report - austerity measures hurt the poor the most and they are the least likely to bounce back; government needs to find a way to reduce and prevent poverty

Longer term:

- Determine fair and appropriate system for setting rates to a level of adequacy, dignity, and health enhancement using the LIM part of the methodology
- Enhance “trustee” program to ensure less housing discrimination
- Streamline the 800+ rules to ensure consistency, clarity, and better ease of understanding; consider literacy issues of clients
- Moving to an audit-based system from a surveillance system would allow front-line staff to spend more time with clients in a client-centred, supportive role, would change the dynamic dramatically; however, some clients have issues keeping a paper trail, so front-line staff will need to help particularly vulnerable clients
- Strengthen both pre and post client-centred employment supports
- Supports such as access to affordable, quality childcare and transportation must be emphasized; without these transitioning from social assistance to employment is simply not a reality; the working poor also struggle with these issues
- Expand health benefits (drug, dental, vision) to all people living on a low income, covered by government (need to determine appropriate formula for income threshold; current Healthy Smiles dental program for low income kids uses family income under \$20000, this threshold is too low); however, current dental program for social assistance, in particular, is not health enhancing; need adequate coverage for both preventive and restorative services; the mouth should not be separated from the rest of the body, poor oral health leads to serious disease, barrier to employment, contributes to social exclusion, low self esteem
- Health benefit enhancement and extension to all low income should be considered an investment, cannot be recommended without advising that the current social assistance health benefits cannot be reduced or watered down
- Recommend further exploration into a Guaranteed Annual or Livable Income